



I am a:
Teacher
Paraprofessional

- This form **MUST** be completed electronically. Handwritten forms will **not** be accepted.
- Complete the **Teacher/Paraprofessional** Transfer Request Form, including all information requested. A teacher/paraprofessional may request a transfer to as many campuses as desired and for positions which the teacher/paraprofessional meets certification requirements.
- The request must be signed by the current campus principal and emailed to Patricia Andersen @ pandersen@dickinsonisd.org. **Request deadline is March 1 - May 1 for the following school year. Deadline for granting transfers is June 1. (Late requests will not be accepted)**
- An approval by the Executive Director of Special Programs will be necessary involving any Special Programs positions.
- Transfer request approvals will be subject to available openings, certification, and approval of principals.
- The principal who interviews and recommends and/or denies the approval of a teacher/paraprofessional transfer, will email the transfer request to pandersen@dickinsonisd.org.

Name: _____

Employee ID #: _____

Current Campus: _____

Current Assignment:
Principal: _____

I am requesting a transfer to: (Check as applicable)

Lobit Elementary
 Bay Colony Elementary
 Calder Road Elementary
 Hughes Road Elementary
 K. E. Little Elementary
 San Leon Elementary
 Silbernagel Elementary
 CAP (Coastal Alternative Ed)
 Lobit Middle School

Barber Middle School
 Dunbar Middle School
 Dickinson Junior High School
 McAdams Junior High School
 Kranz Junior High School
 Dickinson High School
 DALC (Dickinson Alternative Ed)
 DCC (Dickinson Continuation Center)

Requested assignment: First Choice: _____

Second Choice: _____

Signature -Teacher

Date

Signature - Current Campus Principal

Date

Signature - Director of Special Programs

Date

Signature - Executive Director/Human Resources

Date

(HR office only)

Date(s) forwarded
to campus(es)

To be completed by receiving principal:

Denied
 Approved Campus _____ Subject/Grade/Level _____

(If approved) Replacing _____ who resigned transferred new position

Receiving Principal's signature _____

Date received in HR

Return to Executive Director of Human Resources

Signature - Executive Director/Human Resources